

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Menendez for Senate

A. Full Name (Last, First, Middle Initial) Ian Michel		Date of Receipt M M / D D / Y Y Y Y 09 28 2011	
Mailing Address 210 S. Farfield		Transaction ID : C7746094	
City Devon	State PA	Zip Code 19333	Amount of Each Receipt this Period , , 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Source Services Inc.	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 500.00		
B. Full Name (Last, First, Middle Initial) Drema S. Muller		Date of Receipt M M / D D / Y Y Y Y 09 30 2011	
Mailing Address 3102 W Sunset Dr		Transaction ID : C7746214	
City Tampa	State FL	Zip Code 33629	Amount of Each Receipt this Period , , 2300.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 4800.00		
C. Full Name (Last, First, Middle Initial) Lori S. Herndon		Date of Receipt M M / D D / Y Y Y Y 09 27 2011	
Mailing Address 902 N Shore Drive		Transaction ID : C7746244	
City Brigantine	State NJ	Zip Code 08203	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Atlanticcare Regional Medical Center	Occupation CEO		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 250.00		
SUBTOTAL of Receipts This Page (optional).....		3050.00	
TOTAL This Period (last page this line number only).....			